



JCHC Voting Meeting

December 7, 2021

Agenda

Discussion and voting on staff study policy options

- Strategies to support aging Virginians in their communities
- Workforce challenges in Virginia's nursing homes
- Health insurance affordability in the individual market

Approval of 2022 staff studies

JCHC voting rules

- Members can make a motion to adopt policy options as JCHC recommendations
 - Members can amend or add policy options
- Adopting a recommendation requires a majority vote of the Members present
 - Must include at least half of the Members present from both the House and Senate

JCHC voting process

- Staff will provide a brief overview of each study
- Workgroup chair will summarize the discussion and consensus of the workgroup
- Chair will open up the floor for discussion, questions, and motions

Staff assistance with JCHC recommendations

- Chair will solicit volunteers to patron any recommendations
 - Legislation
 - Budget amendments
- Staff will work with the patrons' office and legislative services to draft legislation or budget amendments



Strategies to Support Aging Virginians in their Communities

JCHC Analyst: Estella Obi-Tabot

Study purpose

- Identify the necessary continuum of services to support older adults
- Understand the extent to which services vary across Virginia and ways services could be better coordinated
- Identify effective strategies that could better support older Virginians to “age in place”

NOTE: Study mandate approved by the Commission on December 15, 2020.

Findings in brief

- An increasing number of older Virginians need aging supports
- Majority of Virginians needing aging supports are not Medicaid-eligible, but non-Medicaid funding has decreased in real terms
- Home care and affordable housing are the greatest needs for older Virginians across the state.
- Enhancing current programs can help address unmet needs

Policy Options in Brief

Option 1: Create a Medicaid state plan amendment for HCBS with broader eligibility criteria

Option 2: Support DMAS rate study for the high needs supports waiver, that includes supportive housing services

Option 3: Increase state funding for home care and home modifications

Policy Options in Brief, cont.

Options 4-6: Support family caregivers and similar services

- Provide state funding for family caregivers
- Provide family caregiver tax credit
- Support community organizations that provide caregiver-like services

Option 7: Target older Virginians in current DHCD housing efforts



Workforce Challenges in Virginia's Nursing Homes

JCHC Analyst: Kyu Kang

Study purpose

- Quantify nursing facility workforce needs in Virginia
- Analyze how staffing impacts quality of care
- Identify opportunities to address issues related to:
 - Workforce availability
 - Quality of care
 - Regulation and oversight
 - Financing

NOTE: Study mandate approved by the Commission on December 15, 2020.

Findings in brief

- One-fifth of Virginia's nursing homes are not meeting expected staffing levels, disproportionately impacting low-income and Black residents
- Low staffing increases the risk of low-quality care
- A shrinking workforce contributes to staffing challenges, exacerbated by the COVID-19 pandemic
- Residents' behavioral health needs are not adequately accounted for in reimbursement rates

Policy options in brief

Option 1: DMAS plan to increase reimbursement for disproportionate share facilities

Option 2: Implement an across-the-board staffing standard

Option 3: Implement an acuity-based staffing standard

Options 4: DMAS plan for a nursing home provider assessment

Option 5: Fund scholarships for students who commit to nursing facility work

Policy options in brief, cont.

Option 6: Design quality improvement program for nursing home staff support

Option 7: Fund a formal evaluation of Value-Based Purchasing

Option 8: DMAS plan to increase reimbursement for behavioral health needs

Member-Proposed Option: Endorse VCCS request for nursing education funds



Health Insurance Affordability in the Individual Market

JCHC Analyst: Stephen Weiss

Study purpose

- Review other states' activities to address individual market health insurance affordability
- Identify options that may make health coverage more affordable and available to Virginians
- Estimate impact of each option on costs and number of uninsured

Findings in brief

- Younger, healthier individuals left Virginia's market as premiums increased
- Improved marketing and navigators could bring more healthy people into the market, assist with plan choice
- There are multiple state policy options to improve affordability but impacts are moderate compared to current federal subsidies

Policy options in brief

Option 1: Direct Exchange to develop marketing and navigator plan and provide one-time funding to initiate the plan

Option 2: Eliminate tobacco surcharge

Option 3: Establish individual state mandate for coverage

Options 4-5: Implement state funded cost sharing reductions

- Enhance existing federal CSRs
- Create flexible spending account with debit card

Options 6-7: Establish public option with administratively set provider reimbursement rates

JCHC study selection process

September 21st	Solicit initial input from Members on potential 2022 study topics	✓
October 5th	Executive subcommittee reviews potential studies and narrows the list to the top priorities	✓
November 16th	Draft study resolutions provided to Members after JCHC meeting	✓
Late November	Members polled on their highest priority studies (ranked choice)	✓
December 7th	Voting results provided to Members for formal approval of highest priority study resolutions	
January – March	Staff tracks study resolutions during session and communicates with Members to determine if studies need to be reprioritized	

Results of Member poll

Study topic	Average rank	Staff workload
Structure and financing of local health departments	2.5	High
Assisted living facilities	3.1	High
Reducing unnecessary ED utilization	3.2	High
Provider data sharing to improve care quality	3.6	Medium
Strategies to support clinician mental health	4.4	Low
Barriers to audio-only telehealth	4.9	Low
Medical aid in dying (workgroup not staff study)	6.3	Low



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